



MARYLAND  
HEALTH CARE  
COMMISSION

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## LTC EHR Vendor Reference Questions

Vendor: \_\_\_\_\_

Product & Version: \_\_\_\_\_

Reference Name & Nursing Home: \_\_\_\_\_

1) How long have you used the EHR from [Vendor's Name]? \_\_\_\_\_ (months/years)

*The following questions are rated 1-5, where 1=poor, 2=fair, 3=good, 4=very good, and 5=excellent.*

2) How would you rate the value of your EHR to your nursing home? 1 - 2 - 3 - 4 - 5 - N/A

3) Using the same 1-5 scale, how would you rate your satisfaction with the EHRs ability to:

a. Manage and report MDS information 1 - 2 - 3 - 4 - 5 - N/A

b. Maintain clinical information 1 - 2 - 3 - 4 - 5 - N/A

c. Order tests and review results 1 - 2 - 3 - 4 - 5 - N/A

d. Prescribe electronically 1 - 2 - 3 - 4 - 5 - N/A

e. Clinical decision support (e.g. drug warnings, preventative care reminders, etc.) 1 - 2 - 3 - 4 - 5 - N/A

f. Clinical/quality reporting (e.g. pay-for-performance, Bridges to Excellence, etc.) 1 - 2 - 3 - 4 - 5 - N/A

4) Again, using the same 1-5 scale, how would you rate the vendor on:

a. Implementation 1 - 2 - 3 - 4 - 5 - N/A

b. Training 1 - 2 - 3 - 4 - 5 - N/A

c. Support 1 - 2 - 3 - 4 - 5 - N/A

d. Service 1 - 2 - 3 - 4 - 5 - N/A

5) Would you purchase this system again? ☐ Yes ☐ No

6) Would you purchase from the same vendor again? ☐ Yes ☐ No